

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1460</b>	<b>Date: February 22, 2008</b>
	<b>Change Request 5794</b>

**SUBJECT: Subsequent Hospital Visits and Hospital Discharge Day Management Services (Codes 99231 - 99239)**

**I. SUMMARY OF CHANGES:** This transmittal updates Chapter 12, §30.6.9.2, with physician payment policy for Subsequent Hospital Care visits during a global period, and the appropriate use of Hospital Discharge Day Management Services for a final hospital visit by the attending physician and also for a death pronouncement.

**New / Revised Material**

**Effective Date: April 1, 2008**

**Implementation Date: April 7, 2008**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	Chapter / Section / Subsection / Title
R	12/Table of Contents
R	12/30/30.6.9.2/Subsequent Hospital Visits and Hospital Discharge Day Management Services (Codes 99231 - 99239)

**III. FUNDING:**

**SECTION A: For Fiscal Intermediaries and Carriers:**

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

**SECTION B: For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

#### **IV. ATTACHMENTS:**

**Business Requirements**

**Manual Instruction**

*\*Unless otherwise specified, the effective date is the date of service.*

# Attachment - Business Requirements

<b>Pub. 100-04</b>	<b>Transmittal: 1460</b>	<b>Date: February 22, 2008</b>	<b>Change Request: 5794</b>
--------------------	--------------------------	--------------------------------	-----------------------------

**SUBJECT: Subsequent Hospital Visits and Hospital Discharge Day Management Services (Codes 99231 – 99239)**

**Effective Date:** April 1, 2008

**Implementation Date:** April 7, 2008

## I. GENERAL INFORMATION

**A. Background:** This transmittal updates Chapter 12, §30.6.9.2 with physician payment policy for Subsequent Hospital Care visits during a global surgery period, and the appropriate use of Hospital Discharge Day Management Services for a final hospital visit by the attending physician and also for a death pronouncement.

**B. Policy:** The Medicare physician fee schedule payment for surgical procedures includes all the services and visits that are part of the global surgery payment including when such surgical procedures may be fragmented. Subsequent Hospital Care visits (CPT codes 99231 – 99233) are not separately payable when included in the global surgery payment. The Hospital Discharge Day Management Service (CPT code 99238 or 99239) is a face-to-face evaluation and management (E/M) service with the patient and his/her attending physician. Physicians shall use the Observation or Inpatient Care Services (Including Admission and Discharge Services) using a code from CPT code range 99234 – 99236 for a hospital admission and discharge occurring on the same calendar date and when specific Medicare criteria, identified in §30.6.9.1, are met. The American Medical Association Current Procedural Terminology (CPT) codes 99238 and 99239 shall be paid only when they are performed face-to-face with the patient. Other physicians who manage the patient’s care (concurrent care) in addition to an attending physician, and who are not acting on behalf of the attending physician shall use the Subsequent Hospital Care codes from CPT code range CPT 99231 – 99233 for a final visit with the patient. Medicare includes payment for general paperwork through the pre-and post-service work of E/M services. The physician who personally performs a patient pronouncement of death shall bill for the face-to-face Hospital Discharge Day Management Service using CPT code 99238 or 99239. The date of death pronouncement shall reflect the calendar date of actual death pronouncement even if the paperwork is delayed to a subsequent calendar date.

## II. BUSINESS REQUIREMENTS TABLE

Use “Shall” to denote a mandatory requirement

Number	Requirement	A / B  M A C	D M E  M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
5794.1	Contractor shall instruct physicians and qualified nonphysician practitioners (NPPs) that Subsequent Hospital Care visits (CPT codes 99231 – 99233) are not separately payable during the global surgery period even when a bill is fragmented for a staged	X			X						

Number	Requirement	A / B  M A C	D M E  M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	procedure.										
5794.2	Contractor shall instruct physicians and qualified NPPs that a Hospital Discharge Day Management Service (CPT code 99238 or 99239) is a face-to-face E/M service between the attending physician and the patient.	X			X						
5794.2.1	Contractor shall instruct physicians and qualified NPPs that only the attending physician of record (or physician acting on behalf of the attending physician) shall report the Hospital Discharge Day Management Service (CPT code 99238 or 99239) .	X			X						
5794.2.2	Contractor shall instruct physicians and qualified NPPs that physicians and qualified NPPs who manage concurrent health care problems not primarily managed by the attending physician shall use the Subsequent Hospital Care from CPT code range 99231 – 99233 for a final visit.	X			X						
5794.2.3	Contractor shall instruct physicians and qualified NPPs that the Hospital Discharge Day Management Service shall be reported for the date of actual visit by the physician or qualified NPP even if the patient is discharged on a different calendar date.	X			X						
5794.2.4	Contractor shall instruct physicians and qualified NPPs that only one Hospital Discharge Day Management Service is payable per patient per hospital stay.	X			X						
5794.2.5	Contractor shall instruct physicians and qualified NPPs that paperwork involved in patient discharge day management services is paid through the pre-and post-service work of an E/M service.	X			X						
5794.3	Contractor shall instruct physicians and qualified NPPs that a Subsequent Hospital Care visit and a Hospital Discharge Day Management Service may not be both billed on the calendar date of discharge.	X			X						
5794.3.1	Contractor shall instruct physicians and qualified NPPs that a hospital admission and discharge on the same day shall be reported using the Observation or Inpatient Care Services (Including Admission and Discharge Services) from CPT code range 99234 – 99236 when specific Medicare criteria identified in §30.6.9.1 are met.	X			X						
5794.4	Contractor shall instruct physicians and qualified NPPs that only the physician who personally performs the pronouncement of death shall bill for	X			X						

Number	Requirement	A / B  M A C	D M E  M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
								the face-to-face Hospital Discharge Day Management Service (CPT codes 99238 or 99239).			
5794.4.1	Contractor shall instruct physicians and qualified NPPs that the date of the death pronouncement shall reflect the date of service on the calendar date it was performed even if the paperwork is delayed to a subsequent date.	X			X						

### III. PROVIDER EDUCATION TABLE

Number	Requirement	A / B  M A C	D M E  M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
							5794.5	A provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/MLNMattersArticles/">http://www.cms.hhs.gov/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X		

### IV. SUPPORTING INFORMATION

**A. For any recommendations and supporting information associated with listed requirements, use the box below:**

*Use "Should" to denote a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**B. For all other recommendations and supporting information, use this space:**

Physician Fee Schedule Final Regulation November 1, 2000, Vol. 65, No. 212, pp. 65408 – 65409

Medicare Claims Processing Manual, Publication 100-04, Chapter 12, §30.6.9.1, Payment for Initial Hospital Care Services (Codes 99221 – 99223 and Observation or Inpatient Care Services (Including Admission and Discharge Services), Codes 99234 – 99236

Medicare Claims Processing Manual, Publication 100-04, Chapter 12, §§40-41, Global Surgery

**V. CONTACTS**

**Pre-Implementation Contact(s):** Kit Scally (Cathleen.scally@cms.hhs.gov)

**Post-Implementation Contact(s):** Appropriate Regional Office staff

**VI. FUNDING**

**A. For Fiscal Intermediaries (FIs), Carriers, and Regional Home Health Carriers (RHHs), use only one of the following statements:**

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

**B. For Medicare Administrative Contractors (MAC), use the following statement:**

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

# Medicare Claims Processing Manual

## Chapter 12 - Physicians/Nonphysician Practitioners

---

### Table of Contents

*(Rev.1460, 02-22-08)*

30.6.9.2 – Subsequent Hospital Visits and Hospital Discharge *Day* Management Services  
(Codes 99231 – 99239)

### **30.6.9.2 - Subsequent Hospital Visits and Hospital Discharge *Day* Management Services (Codes 99231 - 99239)**

*(Rev.1460, Issued: 02-22-08, Effective: 04-01-08, Implementation: 04-07-08)*

#### **A. *Subsequent Hospital Visits During the Global Surgery Period***

*(Refer to §§40-40.4 on global surgery)*

*The Medicare physician fee schedule payment amount for surgical procedures includes all services (e.g., evaluation and management visits) that are part of the global surgery payment; therefore, contractors shall not pay more than that amount when a bill is fragmented for staged procedures.*

#### **B. *Hospital Discharge Day Management Service***

*Hospital Discharge Day Management Services, CPT code 99238 or 99239 is a face-to-face evaluation and management (E/M) service between the attending physician and the patient. The E/M discharge day management visit shall be reported for the date of the actual visit by the physician or qualified nonphysician practitioner even if the patient is discharged from the facility on a different calendar date. Only one hospital discharge day management service is payable per patient per hospital stay.*

*Only the attending physician of record reports the discharge day management service. Physicians or qualified nonphysician practitioners, other than the attending physician, who have been managing concurrent health care problems not primarily managed by the attending physician, and who are not acting on behalf of the attending physician, shall use Subsequent Hospital Care (CPT code range 99231 – 99233) for a final visit.*

*Medicare pays for the paperwork of patient discharge day management through the pre- and post- service work of an E/M service.*

#### **C. *Subsequent Hospital Visit and Discharge Management on Same Day***

Pay only the hospital discharge management code on the day of discharge (unless it is also the day of admission, *in which case, refer to §30.6.9.1 C for the policy on Observation or Inpatient Care Services (Including Admission and Discharge Services CPT Codes 99234 - 99236)*). Contractors do not pay both a subsequent hospital visit in addition to hospital discharge day management service on the same day by the same physician. Instruct physicians that they may not bill for both a hospital visit and hospital discharge management for the same date of service.

#### **D. *Hospital Discharge Management (CPT Codes 99238 and 99239) and Nursing Facility Admission Code When Patient Is Discharged From Hospital and Admitted to Nursing Facility on Same Day***

Contractors pay the hospital discharge code (codes 99238 or 99239) in addition to a nursing facility admission code when they are billed by the same physician with the same date of service.

If a surgeon is admitting the patient to the nursing facility due to a condition that is not as a result of the surgery during the postoperative period of a service with the global surgical period, he/she bills for the nursing facility admission and care with a modifier “-24” and provides documentation that the service is unrelated to the surgery (e.g., return of an elderly patient to the nursing facility in which he/she has resided for five years following discharge from the hospital for cholecystectomy).

**Contractors** do not pay for a nursing facility admission by a surgeon in the postoperative period of a procedure with a global surgical period if the patient’s admission to the nursing facility is to receive post operative care related to the surgery (e.g., admission to a nursing facility to receive physical therapy following a hip replacement). Payment for the nursing facility admission and subsequent nursing facility services are included in the global fee and cannot be paid separately.

***E. Hospital Discharge Management and Death Pronouncement***

*Only the physician who personally performs the pronouncement of death shall bill for the face-to-face Hospital Discharge Day Management Service, CPT code 99238 or 99239. The date of the pronouncement shall reflect the calendar date of service on the day it was performed even if the paperwork is delayed to a subsequent date.*